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February 3, 2015

TO: Each Supervisor

FROM: Cynthia A. Harding, M.P.H.
Interim Director

SUBJECT: **CALIFORNIA DEPARTMENT OF PUBLIC HEALTH REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION (ITEM NO. 29-A, AGENDA OF JUNE 24, 2014)**

In a motion by Supervisor Antonovich on June 24, 2014, the Department of Public Health (DPH) was directed to provide reports on the implementation status of the corrective actions to the recommendations in the Quality Review of Los Angeles County (LAC) Health Facilities Inspection Division (HFID) Long-Term Care Complaint and Entity Reported Incident Investigations. The Quality Review report was issued by the California Department of Public Health (CDPH), Center for Health Care Quality (CHCQ) on June 1, 2014. Reports were previously submitted to your Board on July 8 and July 22, 2014, August 21, 2014, September 26, 2014, November 10, 2014, and December 23, 2014.

This report provides updates on the State Quality Review; the proposed revised workload strategy submitted to CDPH; and the CDPH Fiscal Year (FY) 2015-16 Budget Request for the Los Angeles County Contract.

Quality Review Recommendations

All recommendations in the Quality Review report have been completed. Recommendation six, the recommendation pending from the last report, was completed. A monthly audit form was revised after piloting the form in select offices. The revised form and guidelines for completing the form will be implemented beginning February 2015 (Attachment A and B, respectively). Attachment C provides details on the status of all recommendations.

Revised Strategic Workload Plan

Since September 2014, HFID has been following an annual workload plan to optimize use of existing staff while assuring that HFID staff meet quality standards for their investigations. This strategy, which prioritized the completion of both surveys and immediate jeopardy complaints,

was based on the findings of the Auditor-Controller's review of the HFID program and the State's Quality Review of Los Angeles County HFID program. Recently, in two separate meetings, one with CMS and another with CDPH, a verbal directive was made that the County prioritize surveys prior to initiating and completing complaints, or addressing the complaint backlog. According to County Counsel's review of the State contract, the County is contractually obligated to complete surveys within the required timeframe. Consequently, HFID developed a revised workload strategy that prioritizes surveys while minimizing the impact on service quality to the vulnerable population. This revised strategy and resulting impacts were outlined in a letter sent to CDPH on December 22, 2014. CDPH acknowledged the letter without expressing approval or disapproval of the revised strategy, and indicated that they would be reviewing and consulting with the Centers for Medicare and Medicaid Services Regional Office staff on its content. In the meantime, HFID is continuing with the prior strategic workload plan until CDPH provides approval or agreement with the revised strategy.

2015-16 Budget Negotiations for LAC Contract

Governor Brown's Fiscal Year 2015-16 Proposed Budget, introduced on January 9, 2015, included a \$9.5 million increase in funding for the LAC Contract for health facility inspections. The budget augmentation is intended to allow the County to complete high-priority federal and state workload. DPH has previously requested from the State increased resources of \$29.6 million which would increase the contracted funding amount to \$56.5 million to fund an additional 156 positions to complete the required workload. DPH continues to hold discussions with CDPH to obtain clarification on the State's staffing model, fiscal assumptions, and DPH's funding request shortfall.

The next Board report will be provided in late February 2015. In the meantime, if you have any questions or need additional information, please let me know.

CAH:dc
PH:1406:006

Attachments

c: Interim Chief Executive Officer
County Counsel
Acting Executive Officer, Board of Supervisors

**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES PROGRAM**

DATE: _____

TO: _____
Program Manager

FROM: _____
Supervisor/Designee District Office

SUBJECT: MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING

Surveyor: _____ Support Staff: _____

Facility: _____ Complaint / ERI #: _____

A. To verify consistency of the Abbreviated Standard Survey (Federal Complaint Process) Section 100.2.01, a review of a closed Intake package revealed the following:

The received dates entered into ACTS reflect the date the Complaint/ERI was first received in the office (Received Start Date), and the date the Intake data was entered into ACTS (Received End Date). These dates may or may not be the same date. Y / N

The completed package was submitted timely to support staff for processing: Y / N

The complainant final notification letter was sent within 10 working days of the Formal Exit. Y / N / NA

If No, was final letter sent? Y / N How many working days after Formal Exit? _____

B. To verify consistency with Principles of Investigation and Principles of Documentation Policies a review of a closed Intake package revealed that:

Investigation was consistent with **Principles of Investigation (POI)**

Number of Allegations in the Intake _____

Were all Allegations investigated thoroughly? Y / N

If not, how many Allegations were not investigated? _____

Documentation was consistent with **Principles of Documentation (POD)** Y / N

If No, refer to the **"Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors"** form for guidance. Include the completed form with each Audit completed.

**COUNTY OF LOS ANGELES ♦ DEPARTMENT OF PUBLIC HEALTH
HEALTH FACILITIES PROGRAM**

FINDINGS:

CORRECTIVE ACTIONS:

- | | |
|--|--|
| <input type="checkbox"/> Refresher Training Recommended | <input type="checkbox"/> Appropriate Material Provided |
| <input type="checkbox"/> Appropriate Webinar Recommended | <input type="checkbox"/> Field Training Recommended |

The following corrective actions have been taken to address the errors and ensure compliance:

1.

2.

3.

4.

5.

Supervisor/Designee Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PROCEDURES ON COMPLETING THE MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING FORM

APPLICATION: ALL SUPERVISORS OF DISTRICT OFFICES IN HEALTH FACILITIES INSPECTION DIVISION

PURPOSE:

The **Monthly Audit of Closed Complaints/ERIs and Follow-Up Training form (Attachment)**, also referred to as the “form”, is to serve as an audit tool. This tool is to ensure that offices consistently follow state policies and procedures related to Complaint/ERI intake, prioritization, assignment, and completion. In addition, this tool is to ensure that the investigation and documentation was consistent with Principles of Investigation (POI) and Principles of Documentation (POD).

PROCEDURE:

The **Monthly Audit of Closed Complaints/ERIs and Follow-Up Training** form shall be used to audit procedures of Intakes, investigation and documentation. This form shall be used for support staff and evaluators (surveyors). Supervisors shall review four randomly selected closed Intakes on one staff person per month. Preferably one review per week will be conducted for four consecutive weeks, utilizing one form per review. The randomly selected Intake for review should be a recently closed Complaint/ERI. The intent is to complete one audit per year per staff.

The Monthly Audit of Closed Complaints/ERIs and Follow-up Training forms shall be completed and submitted to the District Program Manager by the 10th of the month following the audit.

COMPLETING THE MONTHLY AUDIT OF CLOSED COMPLAINTS/ERIS AND FOLLOW-UP TRAINING FORM

Supervisors shall complete the following information during their audit:

Page 1 of the Monthly Audit of Closed Complaints/ERIs and Follow-up Training

- Date the audit was conducted
- Program Manager's name
- Supervisor or Designee completing the audit and District Office of the Surveyor audited
- The evaluator being audited and the support staff responsible for intake and processing
- Facility name
- Circle whether a **Complaint** or **ERI** and indicate the intake number
- Circle Yes or No for the date the intake was first received in the office and the received end date entered into ACTS reflect the initial date the intake was received in the office, and the initial date the intake was entered into ACTS. This may or may not be the same date (Refer to 100.2.01 page 6).
- Circle Yes or No to indicate whether the package was submitted timely to support staff

- for processing
- Circle Yes, No or NA for the complainant final notification letter sent within 10 working days of the Formal Exit
- If the answer to the above was Yes, **skip to section B**
- If the answer to the above was No, circle Yes or No if the final letter was sent
- If the answer to the above was Yes, indicate how many days after the Formal Exit the letter was sent

Consistency with Principles of Investigation

- Indicate the number of allegations in the intake
- Circle Yes or No for all allegations investigated thoroughly
- If No to the above, indicate the number allegations **NOT** investigated and indicate the details of the findings on Page 2.

Consistency with Principles of Documentation

- Circle Yes or No if the documentation was consistent with the POD
- If the answer to the above is No, use the mandatory **“Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors”** form for guidance. If the form was used, include the completed form with the Audit.

The second page of the **Monthly Audit of Closed Complaints/ERIs and Follow-up Training** form contains a space to document the findings.

Page 2 of the Monthly Audit of Closed Complaints/ERIs and Follow-up Training

- Document your findings upon completion of the audit
- Mark the appropriate corrective actions taken and document in the spaces provided
- The signature of the person completing the form and the date completed
- The signature of the staff audited and the date completed

ATTACHMENTS:

Monthly Audit of Closed Complaints/ERIs and Follow-up Training form

Supervisor Worksheet for Survey and Complaint/ERI Investigation by Surveyors form

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
REVIEW OF LOS ANGELES COUNTY HEALTH FACILITIES INSPECTION DIVISION**

**STATUS OF IMPLEMENTATION OF RECOMMENDATIONS
(As of 1-21-15)**

Recommendations from CDPH 6-1-14	Corrective Action Submitted to CDPH 6-12-14	Status
1. CDPH should immediately initiate investigations of the three complaints and ERIs identified as uninvestigated Immediate Jeopardy or Non-Immediate Jeopardy-High allegations. Experienced CDPH surveyors or supervisors should conduct and review these investigations.	HFID contacted CDPH and was informed that a specialty trainer has initiated the investigations. Their goal is to have them completed by June 30, 2014. LAC will cooperate with CDPH by providing all information requested.	Complete Three experienced CDPH surveyors conducted the three complaint investigations. Each complaint was found to be unsubstantiated.
2. HFID should ensure all its offices consistently follow state policies and procedures related to intake, prioritization, and assignment. HFID should provide standardized training to support staff and supervisors on these processes.	By June 30, 2014, and annually thereafter, supervisors will review with applicable district office staff relevant sections of Policy and Procedure 14-01 related to intake, prioritization, and assignment of complaints and ERIs. HFID management will provide training to supervisors and support staff on intake, prioritization, and assignment of complaints and ERIs by July 15, 2014.	Complete for this year. Supervisors reviewed CDPH Licensing and Certification Policy and Procedure No. 14-01, Abbreviated Standard Survey (Federal Complaint Process) in Skilled Nursing/Nursing Facilities, with emphasis on procedures related to intake, prioritization, and assignment of complaints and ERIs with support staff. Acknowledgement Sheets were signed by support staff in each district office verifying that the policy was distributed, reviewed, and discussed with them. This policy and procedure will be reviewed annually with support staff. In addition, on June 25, 2014, the HFID training coordinator provided training to all HFID supervisors, and on July 1, 2014, to all assistant supervisors and support staff. Both of these training sessions covered the prioritization and assignment of all complaint/entity reported incident at intake including complaints and entity reported incidents that constitute an immediate jeopardy situation.

3. HFID should develop and implement a standardized system for all of its offices to enable supervisors and managers to track the initiation and status of open cases.	In addition to utilizing ACTS, HFID has created a tracking log for complaints, which will be implemented by July 1, 2014. Supervisors will be required to update the tracking log on a weekly basis. Managers will be required to provide on-going monitoring of the tracking log.	Complete On July 1, 2014, a new complaint tracking log was issued to all supervisors. The newly developed tracking log identifies the complaint facility name, complaint intake number, name of the complainant, resident name, assigned evaluator, date complaint was received, date due, complaint initiation/ start date, exit date, and supervisor review date. The log is completed daily by supervisors to closely monitor the status of all complaints received and to ensure timely investigations. This form of monitoring will ensure that all complaints and ERIs, are initiated and completed timely in accordance with mandated time frames. Program Managers will review these logs on a weekly basis.
4. HFID and CDPH should require retraining for all HFID surveyors and supervisors on applying the Principles of Investigation and Documentation.	Completed. Training was provided by CDPH on May 1, 2014, and was attended by HFID surveyors and supervisors.	Complete
5. HFID and CDPH should require training for supervisors related to appropriate supervisory review of complaint and ERI investigations.	By July 15, 2014, HFID will provide training to supervisors related to appropriate supervisory review of complaint and ERI investigations.	Complete Training was provided on June 25, 2014.
6. HFID should develop a system to monitor staff's training needs, including compliance with mandatory training requirements and the need of refresher training. This should include a post-training quality review process that enables HFID managers and supervisors to identify when competencies have not yet been established and refresher training needed.	By October 1, 2014, HFID will develop a tracking system to monitor training needs and compliance with mandatory training. By December 31, 2014, HFID will develop and implement an audit review process to identify when competencies have not been met and refresher training is needed.	Complete The tracking system to monitor training needs and compliance with mandatory training has been developed. Complete A monthly audit form and guidelines were finalized and will be used beginning February 2015.